# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

04932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 5mo. 10days

(e) Length of stay in this community (yrs., mos., or days): same

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 532 North Chester Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Edward Arnold

3 (b) If veteran, name war:

3 (c) Social Security No.: Unknown

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Nina Arnold

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Oct. 7, 1886

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 7 | 15 | ____ hr. ____ min. |

9. Birthplace: New York, New York (Town, county, and state)

10. Usual occupation: Musician

11. Industry or business:

FATHER

12. Name: John C. Arnold

13. Birthplace: Germany

MOTHER

14. Maiden Name: Caroline Heuster

15. Birthplace: Germany

16 (a) Informant: Edward Arnold

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/39 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Cemetery

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 5/27/39 (Date rec'd by registrar) (b) ____ Registrar

### MEDICAL CERTIFICATION

20. Date of death: May 22 1939, at 8:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1938, to May 22 1939, and that I last saw him alive on May 22 1939.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary tuberculosis | 4 yrs. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: Syphilis | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. M. D. or Other

Address: State Sanatorium Md. Date signed 5/27/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a)

Reg. Dist. No. 136

04933

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Rural Araby (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 14 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Rural Araby (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 miles South of Frederick (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Ann C. Ausherman

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Louis Ausherman

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jany 12 1851

8. AGE: Years 88 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Burkettsville Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Eli Delaughter

13. Birthplace Middletown

MOTHER 14. Maiden Name Lydia Derr

15. Birthplace Middletown Md.

16 (a) Informant Ira D. Ausherman

(b) Address Araby Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lutheran

Location Middletown Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 22 - May 39 (Date rec'd by registrar) (b) G O Hendrickson Registrar

**MEDICAL CERTIFICATION**

20. Date of death May 21st 1939, at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939, to May 21 1939 and that I last saw him alive on May 20th 1939

Immediate cause of death Chronic Valvular Heart Disease Mitral Regurgitation

Due to

Due to Senile Cemeteria

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 1929

60 Days

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick Date signed May 22nd 1939

VS. A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 3 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

**1. PLACE OF DEATH** (82-a)

County Frederick — Within Corporation Limits — Registration Dist. No. 131

Village or City Frederick — No. Frederick City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Nellie May Barrick — no veteran

(a) Residence: No. Walkersville Md. St., Ward. Walkersville Md

(Usual place of abode) — If nonresident give city or town and State

Frederick Co.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) |
|---|---|---|
| Female | White | Married |

5e. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Clarence W. Barrick

6. DATE OF BIRTH (month, day, and year) Oct. 14, 1890

| 7. AGE | Years | Months | Days | If LESS then 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 48 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co. (State or country) Md

FATHER

13. NAME George D. Lease

14. BIRTHPLACE (city or town) Fred. Co. (State or country) Md

MOTHER

15. MAIDEN NAME Ida Catherine Dinterman

16. BIRTHPLACE (city or town) Fred. Co. (State or country) Md

17. INFORMANT Clarence W. Barrick (Address) Walkersville Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burial-Walkersville Place Glade Cemetery Date May 10, 19 39

19. UNDERTAKER S. L. Barton (Address) Walkersville

20. FILED 10-May, 1939 Ira J. McCurdy Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to May 8, 1939

I last saw h[illegible] alive on May 7, 1939; deeth is said to heve occurred on the date steted ebove, et 5.20 A.m.

The **PRINCIPAL CAUSE OF DEATH** end releted causes of Importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | May 6 39 |

Other **Contributary Causes** of importance:

Hypertension

Neme of operetion ___ Dete of ___

Whet test confirmed diagnosis? ___ Was there en eutopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Neture of injury ___

24. Wes diseese or injury in eny wey related to occupation of deceased? No

If so, specify ___

(Signed) C. L. Eyster M. D.

(Address) Walkersville, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other **contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other **contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59) Reg. Dist. No. 132

## CERTIFICATE OF DEATH

04935

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Middletown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 mo

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Frederick
(c) City or town Middletown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Edith Dora Bitler

3 (b) If veteran, name war

3 (c) Social Security No.

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Female | white | widowed |

6 (b) Name of husband or wife Simon Bitler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22-1857

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | | 16 | hr. min. |

9. Birthplace Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Rufus Applatee
13. Birthplace Md

MOTHER 14. Maiden Name Martha Bennett
15. Birthplace Md

16 (a) Informant Mrs Agnes Mullen
(b) Address Middletown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/39 (month) (day) (year)
(c) Cemetery or crematory New Market cem
Location New Market Md

18 (a) Funeral director W E Falconer
(b) Address New Market Md

19 (a) May 8th 1939 (Date rec'd by registrar) (b) D. Grayson Barnes Registrar

**MEDICAL CERTIFICATION**

20. Date of death May 8 1939, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to May 8 1939, and that I last saw him alive on May 8 1939.

| Immediate cause of death | Duration |
|---|---|
| Prostate Cirrohosis | 5 Mo |
| Due to Colitis | |
| Due to Gut Bruise | |
| Other conditions Diabetes Mellitus | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Elmer Harp M. D. or other
Address Middletown Date signed 5-8-39

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (937-C) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04936

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Frederick - Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or town New Market (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles Bowie

3 (b) If veteran, name war

3 (c) Social Security No.

| 4. Sex | 5. Color or race | 6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ |
|---|---|---|
| Male | Black | widowed |

6 (b) Name of husband or wife Hattie (deceased) 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 90 ?

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| about 90 | | | ____ hr. ____ min. |

9. Birthplace MARYLAND (Town, county, and state)

10. Usual occupation Laborer Farm Work

11. Industry or business

FATHER
12. Name Henry Bowie
13. Birthplace MARYLAND

MOTHER
14. Maiden Name DONT KNOW
15. Birthplace

16 (a) Informant Pauline Heldebrand R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5, 18, 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Simpson Chapel
Location New Market

18 (a) Funeral director W. E. Falconer
(b) Address New Market Md.

19 (a) 17-May 1939 (Date rec'd by registrar) (b) Ira J. McE Cosby Registrar

**MEDICAL CERTIFICATION**

20. Date of death May 16 1939, at 5 9. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 19 39, to May 16 19 39, and that I last saw him alive on May 16 19 39

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | 1935 |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas (M. D. or other)
Address Frederick Md Date signed 5/17/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
(a) County Frederick
(b) ~~City or town~~ Frederick (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dys.
(e) Length of stay in this community (yrs., mos., or days) 5 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) ~~City or town~~ (Rural) Jamsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. East of Frederick
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Frederick Brown

3 (b) If veteran, name war: World War
3 (c) Social Security No.: None

4. Sex: male
5. Color or race: Colored
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married
6 (b) Name of ~~husband or~~ wife: Estelle Brown
6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.): 1894

8. AGE: Years 45 | Months — | Days — | If less than one day ——hr. ——min.

9. Birthplace: S. Carolina
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:

FATHER
12. Name: Dont know
13. Birthplace: " "

MOTHER
14. Maiden Name: " "
15. Birthplace: " "

16 (a) Informant: Miss Adelaide Shriver
(b) Address: Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 9-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Montevue
Location: Frederick Md.

18 (a) Funeral director: C. E. Cline and Son
(b) Address: Frederick Md.

19 (a) 9 May 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939, to May 8 1939, and that I last saw him alive on May 8 1939.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculosis | 3 years |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md Date signed 5/9/39

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (122-C) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04938

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days
(e) Length of stay in this community (yrs., mos., or days) 23yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 257 Dill Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William Thomas Brown

3 (b) If veteran, name war: NONE

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Hannah A. Compher

6. (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): April 19, 1858

8. AGE: Years: 81 | Months: 0 | Days: 18 | If less than one day: _____ hr. _____ min.

9. Birthplace: Loudoun County, Virginia
(Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business: Frederick High School

FATHER
12. Name: Joseph L. Brown
13. Birthplace: Loudoun County, Virginia

MOTHER
14. Maiden Name: Mary Jane Fry
15. Birthplace: Loudoun County, Virginia

16 (a) Informant: S. Elmer Brown
(b) Address: 259 Dill Ave, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/9/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location: Frederick, Md.

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Md.

19 (a) 8-May '39 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 7 19 39, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 19 39, to May 7 19 39, and that I last saw him alive on May 7 19 39.

| Immediate cause of death | Duration |
|---|---|
| Intestinal obstruction | |
| Due to Adhesions following an operation several years ago. | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Conley, M. D. or other
Address Frederick Date signed 5/8-39.

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 130

# CERTIFICATE OF DEATH

04939

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Point of Rocks (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 39yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or town Point of Rocks (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs. Annie Mary Colbert

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife John A. Colbert

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1880

8. AGE: Years 59 | Months 2 | Days 28 | If less than one day ____hr. ____min.

9. Birthplace Braddock, Fred., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles H. Webster

13. Birthplace Braddock, Md.

MOTHER 14. Maiden Name Laura V. Bruchey

15. Birthplace Braddock, Md.

16 (a) Informant Mr. John A. Colbert

(b) Address Point of Rocks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/39 (month) (day) (year)

(c) Cemetery or crematory St. Pauls,

Location Point of Rocks, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) May 25 1939 (Date rec'd by registrar) (b) Registrar

## MEDICAL CERTIFICATION

20. Date of death May 23rd., 1939, at 6.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1935, to May 23 1939, and that I last saw ~~him~~ her alive on May 23 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 5/18/39 |
| Due to Hypertension | 5 yrs. |
| Due to Generalized arterio-Sclerosis | ? |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley, Jr. M.D. (M. D. or other)

Address Buckeystown, Md. Date signed 5/24/39

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

04940

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH.** (46-C)

County Frederick Registration Dist. No. 132

Village or City Jefferson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Carrie M. Corum If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Corum

6. DATE OF BIRTH (month, day, and year) March 4, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jefferson Md. (State or country)

FATHER

13. NAME Lewis Fulmer

14. BIRTHPLACE (city or town) Jefferson, Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Flook

16. BIRTHPLACE (city or town) Jefferson, Md. (State or country)

17. INFORMANT Louis Y. Rice (Address) Jefferson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Frederick Date 5/23, 1939

19. UNDERTAKER Gladhill Co. (Address) Middletown Md.

20. FILED May 23, 1939 D. Grayson Sanner Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to May 19, 1939

I last saw h. alive on May 19, 1939; deeth is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cardiac end of Stomach | 1937 |
| Hydrothorax & carcinomatosis | 1938 |
| Malnutrition | 1938 |

Other Contributory Causes of Importance: Senility

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Talbot Bruce M. D.

(Address) Jefferson Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 3, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04941

(186-a)

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 138

Village or City or New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** William P. Crickenberger.

(a) Residence: No. on New Market St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie L. Henkel

6. DATE OF BIRTH (month, day, and year) July 15 - 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 | 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Dentist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Crickenberger

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Schaeffer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT L. H. Crickenberger (son)

(Address) New Market Md

18. BURIAL, CREMATION, OR REMOVAL Place New Market Va Date June 2, 1939

19. UNDERTAKER W. E. Falconer

(Address) New Market Md

20. FILED May 31, 1939 Lucian K. Falconer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May 31, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to May 31, 1939

I last saw him alive on May 30, 1939, 19; death is said to have occurred on the date stated above, at 1:30 A M

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Nephritis | ? |
| Chr. Myocarditis | ? |
| Arterio-sclerosis | ? |
| Other Contributory Causes of importance: | |
| Chr. Uremia | 1938 |
| Fractured ribs | 5/27/39 |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/27, 1939

Where did injury occur? home,

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury fell as result of uremic manisfestations

Nature of injury fractured ribs.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Stanley Gabell M. D.

(Address) Mt. Airy, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 131

04942

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick City
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fred. City Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Carroll

(c) City or town Taneytown
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Esther Crum

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. P

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May-1-1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 5 hr. _____ min.

9. Birthplace Frederick City
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Elbert C Crum
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Neva V. Brower
15. Birthplace Carroll Co. Md

16 (a) Informant Neva V. Crum
(b) Address Taneytown Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 3 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lutheran

Location Taneytown

18 (a) Funeral director M. C. Fuss

(b) Address Taneytown Md

19 (a) 2-May 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death 5-1- 1939, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1- 1939, to 5-1- 1939, and that I last saw ~~him~~ her alive on 5/1/ 1939.

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. H. Legg M D
M. D. or other

Address Union Bridge Date signed 5/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 5 1969
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04943

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in this community (yrs., mos., or days) 5 hrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Carroll
(c) ~~City or~~ town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary Crum

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-1-1939

8. **AGE:** Years | Months | Days | If less than one day: 5 hr. ____ min.

9. Birthplace Frederick City (Town, county, and state)

10. Usual occupation none

11. Industry or business none

MOTHER / FATHER

12. Name Elbert C. Crum

13. Birthplace Howard Co. Md

14. Maiden Name Neva V. ~~Crum~~ Brown

15. Birthplace Carroll Co Md

16 (a) Informant Neva V. (Brown) Crum

(b) Address Taneytown Md

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof May 3 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Ludeman

Location Taneytown

18 (a) Funeral director M. E. Fuss

(b) Address Taneytown Md

19 (a) 2-May 39 (Date rec'd by registrar) (b) Ira J. McSherry Registrar

### MEDICAL CERTIFICATION

20. Date of death 5-1- 1939, at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1- 1939, to 5-1- 1939, and that I last saw ~~him~~ her alive on 5/1/1939.

| Immediate cause of death | Duration |
|---|---|
| Prematurity | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Legg M.D. (M. D. or other)

Address Union Bridge Date signed 5/2/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUN 5 1889
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 131

04944

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) ~~City~~ or town Woodsboro (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William B. Cutshall

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of ~~husband~~ or wife Lula Stitely,

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1865

8. AGE: Years 74 yrs | Months 3 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Frederick, Co., (Town, county, and state)

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name William Cutshall
13. Birthplace Fred. Co., Md.

MOTHER
14. Maiden Name Henrietta Hull
15. Birthplace Fred. Co., Md.

16 (a) Informant Mr. Gail L. Cutshall,
(b) Address Woodsboro, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/23/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Hope,
Location Woodsboro, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 22-May-1939 (Date rec'd by registrar) (b) Dra J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 21 1939, at 1 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1939, to May 21 1939, and that I last saw him alive on May 21 1939.

Immediate cause of death Cerebral Thrombosis — Duration 1 wk

Due to Arteriosclerosis

Due to Myocardial Insufficiency

Other conditions Broncho-Pneumonia

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md Date signed 5/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04945

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 4 Clark Place

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 Clark Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Sarah Agnes Dutrow

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: female

5. Color or race: white

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~. Widow

6 (b) Name of husband ~~or wife~~ R. S. J. Dutrow

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1875

8. AGE: Years 63 | Months 4 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Vinton, Iowa (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Rev. Cyrus Court,

13. Birthplace Greensburg, Pa.

MOTHER

14. Maiden Name Susan Patterson,

15. Birthplace Mercersburg, Pa.

16 (a) Informant Miss. Catherine E. Dutrow.

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 4, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Md.

19 (a) 3 May 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 1st., 1939, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to May 1 1939, and that I last saw ~~him~~ alive on May 1st 1939.

Immediate cause of death: Cerebral Haemorrhage — Duration: 1 mo.

Due to

Due to Arteriosclerosis: Hypertension

Other conditions Carcinoma of breast (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearce M. D. or other

Address Frederick, Md. Date signed 5/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1932) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04946

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 506 North Market

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 69/11/28

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 506 North Market St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Laurence A. Falk

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widower

6 (b) Name of ~~husband or~~ wife: Olive Kate Falk

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 29, 1869

8. AGE: Years 69 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Frederick, Md. (Town, county, and state)

10. Usual occupation: Cigar Maker

11. Industry or business

FATHER

12. Name: John M. Falk

13. Birthplace: Germany

MOTHER

14. Maiden Name: Catherine Albaugh

15. Birthplace: Germany

16 (a) Informant: Crawford Falk

(b) Address: Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick, Md.

18 (a) Funeral director: Harry E. Carty CO.

(b) Address: Frederick, Md.

19 (a) 29-May-1939 (Date rec'd by registrar) (b) Ira J. McGinley Registrar

## MEDICAL CERTIFICATION

20. Date of death May 26 1939, at 11.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to May 26 1939, and that I last saw him alive on May 26 1939.

| Immediate cause of death | Duration |
|---|---|
| Chr. Myocarditis | 9 |
| Due to | |
| Due to | |
| Other conditions | |
| Broncho Pneumonia (Include pregnancy within 3 months of death) | |

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Fahrney M.D. (M. D. or other)

Address Frederick Md. Date signed 5-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04947

**1. PLACE OF DEATH:**
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital ~~or inst.~~ (yrs., mos., or days) 1 mo. 2 days.
(e) Length of stay in this community (yrs., mos., or days) _____

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Knoxville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. _____ (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Louise Faubble

3 (b) If veteran, name war: No

3 (c) Social Security No.: None-

4. Sex: female

5. Color or race: White

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~: widow

6 (b) Name of husband ~~or wife~~: William Faubble

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) June 6 1868

8. **AGE:** Years 71 | Months 10 | Days 28, | If less than one day: _____ hr. _____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

**FATHER**
12. Name Unknown
13. Birthplace

**MOTHER**
14. Maiden Name Susie Sullivan
15. Birthplace Md

16 (a) Informant Miss Adelsberger Emergency Hospital, Frederick, Md.
(b) Address

17 (a) Burial, ~~cremation~~, or removal: Burial (b) Date thereof May 7, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Knoxville Cemetery
Location: Knoxville Md.

18 (a) Funeral director: C. H. Fite & Bro.
(b) Address: Brunswick Md

19 (a) 4-May '39 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 4 1939, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1939, to May 4 1939, and that I last saw him alive on May 4 1939.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of Uterus | 1938? |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. D. Thomas M. D. or other
Address Frederick Md Date signed 5/4/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-20)

Reg. Dist. No. 139

# CERTIFICATE OF DEATH

04948

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Foxville. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 77yrs

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Frederick

(c) City or town Foxville Rural.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reuben Alvey Fox

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29th. 1862

8. AGE: Years 77 Months 0000 Days 21 If less than one day ____hr. ____min.

9. Birthplace Foxville Md
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name John P. Fox

13. Birthplace Foxville. MD

MOTHER

14. Maiden Name Comelia Ann Buhrman.

15. Birthplace Foxville. MD

16 (a) Informant Mrs Albert Smith

(b) Address Eantz. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 23. 1939 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Mt. Moriah. at Foxville

18 (a) Funeral director M. L. Creager & Son.

(b) Address Thurmont. MD

19 (a) 5/22/39 (Date rec'd by registrar) (b) C. E. Shields Registrar

## MEDICAL CERTIFICATION

20. Date of death May. 20th. 1939, at 10;30P; M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1939, to May 20 1939, and that I last saw him alive on May 20 1939.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 12 days |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James T. Gray M.D. M. D. or other

Address Thurmont. Md. Date signed May 21-39

RECEIVED
JUN 6 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04949

**1. PLACE OF DEATH** (93C)

County Frederick Registration Dist. No. 137

Village or City Johnsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Rachael Jane Garber If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George H Garber

6. DATE OF BIRTH (month, day, and year): April 12th 1854

7. AGE: Years 85 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Feb 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Wesley Repp

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Eligabeth Saylor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): S. F. Repp Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Beaver Dam Date: May 27th 1939

19. UNDERTAKER (Address): Powell & Albaugh Libertytown Md

20. FILED: May 5, 1939 W. D. Cuffman Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May 25 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to May 25, 1939

I last saw him alive on May 25, 1939, death is said to have occurred on the date stated above, at 6 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Myocarditis | Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Nissler M. D.

(Address) Johnsville Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUN 3 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04950

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
120 Clark Place
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Clark Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Elizabeth Livingston Garrett

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: female

5. Color or race: white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. widow

6 (b) Name of husband or wife Lewis P. Garrett

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1867

8. AGE: Years 71 | Months 7 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Grafton, Mass.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Robert Fanning
13. Birthplace Grafton, Mass.

MOTHER
14. Maiden Name Mary Pritchard
15. Birthplace Grafton, Mass.

16 (a) Informant Mrs. F. W. Springer,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 30, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Union Dale
Location Brighton Rd., Pittsburgh, Pa.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 27-May-1939 (Date rec'd by registrar) (b) Dan'l. McSunley Registrar

## MEDICAL CERTIFICATION

20. Date of death May 26th., 1939, at 4.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1939, to May 24 1939, and that I last saw him alive on May 24 1939.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | Feb. 1 |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Gaston Pearre, M. D. or other

Address Frederick, Md. Date signed 5/27/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (2)

Reg. Dist. No. 13

# CERTIFICATE OF DEATH

04951

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emmergessy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Frederick
(c) City or town Mt. Airy Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Near Unionville (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Girl Haines

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1939

8. **AGE:** Years | Months | Days | If less than one day: ____ hr. 0 min.

9. Birthplace Frederick Co. Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Carrol Augustus Haines
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Sadie Annetta Wheeler
15. Birthplace Carroll Co. Md

16 (a) Informant Miss Adelsberger Emmergency
(b) Address Hospital, Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1939 (month) (day) (year)
(c) Cemetery or crematory Locust Grove
Location Lugnore Dist

18 (a) Funeral director Powell & Allnutt
(b) Address Libertytown Md

19 (a) 23-May-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 22 1939, at 12 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1939, to May 22 1939, and that I last saw him alive on May 22 1939.

| Immediate cause of death | Duration |
|---|---|
| Premature birth | |
| Due to Premature Separations | |
| Due to Placenta | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O'Leary M. D. or other
Address Frederick Md Date signed 5/21/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-C)

Reg. Dist. No. 131

04952

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 108 East Sixth Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 108 East Sixth Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Annie Threasa Edith Heck

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband ~~or wife~~ H. Webster Heck

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) February 7, 1883

8. AGE: Years 56 Months 3 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co., Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Joseph C. Houff

13. Birthplace Czecho-Slovakia

MOTHER

14. Maiden Name Dela V. Judge

15. Birthplace Ireland

16 (a) Informant Mr. H. Webster Heck

(b) Address 108 E. Sixth Street, Fred., Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 19, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cem.

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 18-May 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death 17-May 1939, at 3:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937, to 17-May 1939, and that I last saw ~~him~~ her alive on 14-May 1939.

Immediate cause of death Carcinoma of Abdominal Mass with Cancer, Metastases

Due to Primary Carcinoma of descending colon

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Aug & Sept 1937.

Of operations Exploratory; Complete obstruction of Colon.

Of autopsy

Duration 2 yrs

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ira J. McCurdy M.D. (M. D. or other)

Address Frederick Md Date signed 18-5-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 130

# CERTIFICATE OF DEATH

04953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Nr. Doub, Md. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or town Doub, Md. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Catherine Eugenie Heim

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Luther V. Heim

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 13, 1850

8. AGE: Years 89 | Months 2 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Middletown, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name George W. Willard,

13. Birthplace Nr. Middletown, Md.

MOTHER

14. Maiden Name Mary Bussard

15. Birthplace Nr. Middletown, Md.

16 (a) Informant Mrs. David M. Specht.

(b) Address Doub, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/39 (month) (day) (year)

(c) Cemetery or crematory St. Pauls

Location Nr. Point of Rocks, Md.

18 (a) Funeral director M.R. Etchison & Son,

(b) Address Frederick, Md.

19 (a) June 2 (Date rec'd by registrar) (b) [illegible] Registrar

## MEDICAL CERTIFICATION

20. Date of death May 31st., 1939, at 10.20A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 19__, to May 31 1939, and that I last saw her alive on May 30 1939.

| Immediate cause of death | Duration |
|---|---|
| Arterio-sclerotic Cardio-vascular renal disease | 4yrs (?) |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley Jr. M.D.
M. D. or other

Address Buckeystown, Md. Date signed 6/1/39

RECEIVED
JUL 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04954

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

**1. PLACE OF DEATH**

County Frederick — Registration Dist. No. 141

Village or City Brunswick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. 3 mos. 28 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Bernard Leroy Hill — If U. S. Veteran, specify WAR ____

(a) Residence: No. 9th Ave. St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State ____

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flossie Irene Albert

6. DATE OF BIRTH (month, day, and year) Jan 5, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 46 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. B & O R.R.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Conductor

10. Date deceased last worked at this occupation (month and year) May 3 1939 — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Noah Hill

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Jenny Lanelard

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Flossie Hill (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Park Heights Balt. Md. Date May 5, 1939

19. UNDERTAKER C. H. Feete & Son (Address) Brunswick Md.

20. FILED May 4, 1939 Miss H. L. Hodgson Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 3 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h____ alive on dead on arrival, 19 39; death is said to have occurred on the date stated above, at 2 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion (?) | |
| at work, fire down | |
| dies ins. Jewelry | |
| | |
| Other Contributory Causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Dr. Fisher M. D.

(Address) Brunswick Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUN 5 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04955

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Frederick (92-a) Registration Dist. No. 137

Village or City Liberty District No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Thomas Oscar Hood

(a) Residence: No. Liberty District St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Mullinix Hood

6. DATE OF BIRTH (month, day, and year) Jan 10th 1875

7. AGE: Years 64 | Months 4 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 11th 1939

11. Totel time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Hood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan M Gosnell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wilbur Hood (Address) Mt Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olive Canoe Co Date May 14th 1939

19. UNDERTAKER Powell & Albaugh (Address) Libertytown Md

20. FILED May 13, 1939 W. D. Cuerfman Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 6.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endocarditis Died suddenly without any professional attention

Date of onset 1935

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Ernest P. Roop M. D.

(Address) New Market, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1 (T) (M)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

JUN 3 1929
BUREAU V.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

04956

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Montevue, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 2 days

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) ~~City~~ or town Libertytown (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Harriet Ingram

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ widowed

6 (b) Name of husband ~~or wife~~ Owen Ingram

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 1 1874

8. AGE: Years 65 | Months 2 | Days 0 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name Alfred Roberts

13. Birthplace Md.

MOTHER

14. Maiden Name Laura C Hill

15. Birthplace Md

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital Fred. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 4th 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ John Wesley Cemetery

Location Libertytown

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md

19 (a) 2-May-39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 1 1939, at 4 P.M. 30

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1939, to May 1 1939, and that I last saw ~~him~~ her alive on May 1 1939.

| Immediate cause of death | Duration |
|---|---|
| Parenchymatous nephritis | Feb. 1938 |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick, Md Date signed 5/2/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04957

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH** (95B)

County Frederick Registration Dist. No. 145

Village or City Myersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Helen S. Keller If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Melvin Keller

6. DATE OF BIRTH (month, day, and year) Sept 11, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1939 May

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Myersville, Md.

FATHER

13. NAME Henry Schildknecht

14. BIRTHPLACE (city or town) (State or country) Myersville Md.

MOTHER

15. MAIDEN NAME Susan Snyder

16. BIRTHPLACE (city or town) (State or country) Myersville Md

17. INFORMANT Josie Keller (Address) Myersville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place U.B. Lem. Myersville Date 5/28, 1939

19. UNDERTAKER Gladhill Co. (Address) Middletown, Md.

20. FILED May 27, 1939. William S. Waehtel Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May 26 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from did not see her alive 19 to 19

I last saw her alive on 19; death is said to have occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of heart | May 26 1939 |

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. V. Staton M. D.

(Address) Myersville Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

## CERTIFICATE OF DEATH

04958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Casheemere James Kelley

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 7- 1939

8. AGE: Years: Still born | Months | Days | If less than one day: ____ hr. ____ min.

9. Birthplace Thurmont Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Joseph L. Kelley

13. Birthplace Maryland

MOTHER 14. Maiden Name Anna C Mills

15. Birthplace Maryland

16 (a) Informant Joseph L. Kelley

(b) Address Thurmont Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1939 (month) (day) (year)

(c) Cemetery or crematory St. Carmel

Location Thurmont

18 (a) Funeral director Hilbert & Creager

(b) Address Thurmont

19 (a) May 8, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

## MEDICAL CERTIFICATION

20. Dste of death May 7 1939 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1939, to May 7 1939, and that I last saw him alive on ____ 19____.

| Immediate cause of death | Duration |
|---|---|
| Still born | |
| Due to Delay in delivery due to large size of child | |
| Due to — | |
| Other conditions None | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature James A. Gray
M. D. or other

Address Thurmont Md. Date signed May 7-'39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04959

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1 Water Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) five
(e) Length of stay in this community (yrs., mos., or days) 0-0-0

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Water Street (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Albert Lee Killingsworth, Jr.

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife: _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 26, 1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 5 hr. _____ min.

9. Birthplace Frederick City Maryland (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Albert Lee Killinsworth
13. Birthplace Elkton, West Virginia

MOTHER
14. Maiden Name Norma Steward
15. Birthplace Frederick County, Maryland

16 (a) Informant Albert L. Killingsworth
(b) Address 1 Water St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 27-May-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 26, 1939 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1939, to May 26 1939, and that I last saw him alive on May 26 1939.

| Immediate cause of death | Duration |
|---|---|
| Prematurity | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No.

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature H. J. Sleuther M. D. or other
Address Frederick, Md. Date signed May-27-1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a) Reg. Dist. No. 134

## CERTIFICATE OF DEATH

04960

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Fredrick
(b) City or town Thurmont, Md R.D. # (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 19 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Albert Lingg

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: m

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1920

8. AGE: Years 19 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Fredrink Co, Md. (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name George Lingg
13. Birthplace Fredrick Co, Md.

MOTHER
14. Maiden Name Sophia Wetzell
15. Birthplace Fredrick Co, Md.

16 (a) Informant George Lingg
(b) Address Thurmont, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. St. Mary's
Location Mt. Emmitsburg Md

18 (a) Funeral director S. L. Allison
(b) Address Emmitsburg, Md.

19 (a) May 5 1939 (Date recd by registrar) M. F. Sluff Registrar

### MEDICAL CERTIFICATION

20. Date of death 5-3-1939, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1930, to May 3 1939, and that I last saw him alive on May 1 1939.

Immediate cause of death Cerebral embolism — Duration 1 day

Due to Endo + myo carditis — Duration 8 yrs

Due to Acute rheumatic fever — Duration 8 yrs First attack

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. W Baer M. D. or other

Address Frederick Md Date signed 5-5-39

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

04961

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day

(e) Length of stay in this community (yrs., mos., or days): 1 day

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State: Maryland (b) County: Harford

(c) City or town: Bel Air
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Virginia Maines

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Clifton Maines

6. (c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): June 22, 1911

8. AGE: Years: 27 Months: 10 Days: 15 If less than one day: ____hr. ____min.

9. Birthplace: Ash County, North Carolina
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Cicero Barker

13. Birthplace: North Carolina

MOTHER

14. Maiden Name: Susan Dishman

15. Birthplace: North Carolina

16 (a) Informant: Clifton Maines

(b) Address: Bel Air, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 10, 1939 (month) (day) (year)

(c) Cemetery or crematory: Oakgrove Cemetery

Location: Harford County, Md.

18 (a) Funeral director: H. S. Bailey

(b) Address: Darlington, Md.

19 (a) ____ (Entered by registrar) (b) ____ Registrar

5/7/39

**MEDICAL CERTIFICATION**

20. Date of death: May 7 1939, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1939, to May 7 1939, and that I last saw him alive on May 7 1939.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary tuberculosis | 2½ yrs. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: Tuberculous laryngitis (Include pregnancy within 3 months of death) | 1 mo. |

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Underlins ths causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Stewart S. Shaffer M.D.
M.D. or other

Address: State Sanatorium md Date signed: 5/7/39

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

04962

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 11days
(e) Length of stay in this community (yrs., mos., or days) same

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Prince George
(c) City or town Takoma Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 6805 Eastern Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

**3 (a) FULL NAME** Louise S. Markham

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lemon Markham

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 6, 1898

8. AGE: Years 40 | Months 11 | Days 8 | If less than one day _____hr. _____min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles H. Walter
13. Birthplace Philadelphia, Penna.

MOTHER
14. Maiden Name Louise H. Butler
15. Birthplace Philadelphia, Penna.

16 (a) Informant Louise S. Markham
(b) Address Takoma Park, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)
(c) Cemetery or crematory Unknown
Location Washington, D. C.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 5/14/39 (Date rec'd by registrar) (b) _____ Registrar

**MEDICAL CERTIFICATION**

20. Date of death May 14 1939, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1939, to May 14 1939, and that I last saw him alive on May 14 1939.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary tuberculosis | 1 yr. |
| Due to Tubercle bacilli | |
| Due to | |
| Other conditions Tuberculous laryngitis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other
Address State Sanatorium Date signed 5/14/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-a) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04963

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Montevue - Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Emmitsburg Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lillie Metz

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ widowed

6 (b) Name of husband or wife L Thomas Metz

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1871

8. AGE: Years 68 Months 11 Days 8 If less than one day ____hr. ____min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name John Westley Fogle
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Sarah Ann Ennis Baker
15. Birthplace Frederick Co. Md.

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May-19-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Beaver Dam
Location Mt. Lyman Bridge Md.

18 (a) Funeral director Rowell & Albaugh
(b) Address Liberty-town

19 (a) 17-May-1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 16 1939, at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to May 16 1939, and that I last saw ~~him~~ her alive on May 16 1939.

| Immediate cause of death | Duration |
|---|---|
| Uraemia Myocarditis | April 25 |
| Due to | 21 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B L Thomas M. D. or other

Address Emmitsburg Md Date signed 5/17/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04964

Reg. Dist. No. 138

**1. PLACE OF DEATH:**

County: Frederick

City or town: Jamsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Riggs Cottage Sanitorium

Stay in hospital or inst. (yrs., or mos., or days): 27 days

Stay in this community (yrs., or mos., or days): 27

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Frederick Wash.

City or town: Jamsville Mt Maplesville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Riggs Cottage Sanitorium (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Rhoda K. Minnebraker

**3. (b) Social Security Number**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: C. H. Minnebraker

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): 9-29-1875

**8. AGE:** Years: 63 Months: 7 Days: 27 If less than one day: ___ hrs. ___ min.

9. Birthplace: Ringold Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Samuel King
13. Birthplace: Ringold Md.

MOTHER
14. Maiden name: Nancy Diamond
15. Birthplace: Ringold Md.

16. Informant: C. H. Minnebraker

Address: Maplville Md.

17. Boonsboro Md. (Burial, cremation, or removal. Which?) Date thereof: May 29, 1939 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetary

Location: Boonsboro Md.

18. Funeral director: Wm. J. Bast & Son

Address: Boonsboro Md.

19. May 26 1939 (Date rec'd by registrar) Lucian K. Falconer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 - 1939, at 8 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 - 1939, to May 26 - 1939, and that I last saw her alive on May 26 - 1939.

Immediate cause of death: Cerebral Arteriosclerosis — DURATION: May 1938

Due to: Cardiac Thrombosis — May 26-1939

Due to:

Other conditions: Chronic Valvular disease of the heart - Mitral Stenosis — May 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operation

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident~~, suicide, ~~or homicide~~ attempt Date of May 26-1939

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George H. Riggs MD, M. D. or other

Address: Jamsville Md Date signed 5-26-1939

Alton J. Bennett, J. Coroner

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04965

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in this community (yrs., mos., or days) 22yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Mt. Pleasant
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. #1, Frederick, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Edward Everett Minor

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Col.

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband or wife~~: Fannie B. Bruner

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1859

8. AGE: Years 79 | Months 4 | Days 28 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(City, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John ~~XXXXX~~ Minor
13. Birthplace Rappanhanock, Va.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Rappanhanock, Va.

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 5/5/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ M. E. Cemetery
Location Mt. Pleasant, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 3-May-1939 (Date rec'd by registrar) (b) Chas. J. McSurely Registrar

## MEDICAL CERTIFICATION

20. Date of death May 2 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1939, to May 2 1939 and that I last saw him alive on May 2 1939.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | Feb. 14-39 |
| Due to: | |
| Arterio sclerosis | 1935? |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick, Md Date signed 5/2/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MAY 23 1969
BUREAU F. B. I.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04966

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo5days

(e) Length of stay in this community (yrs., mos., or days) 30yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Wilson Ave., Rural (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Sarah Elizabeth Molesworth

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single,~~ married, ~~widowed,~~ or ~~divorced.~~ married

6 (b) Name of husband or wife Carlton Molesworth

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1888

8. AGE: Years 51 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Wolfville, Frederick, Md. (Town, county, and state)

10. Usual occupation Housewofe

11. Industry or business At home

FATHER
12. Name J. Edward Phleeger,
13. Birthplace Wolfville, Md.

MOTHER
14. Maiden Name Amanda C. Cline,
15. Birthplace Wolfville, Md.

16 (a) Informant Mr. Carlton Molesworth, Sr.,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 11, 39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick, Maryland.

18 (a) Funeral director M.R.Etchison & Son
(b) Address Frederick, Maryland.

19 (a) 10-May 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 9th., 1939 at 3.20P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1939, to May 9 1939, and that I last saw ~~him~~ her alive on May 9 1939.

| Immediate cause of death | Duration |
|---|---|
| Respiratory & cardiac failure | 5 days |
| Due to Collapsed lung | 5 days |
| Due to Hyperthyroidism | 6 mos. |
| Other conditions Diabetes mellitus | 10 yrs. |

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hyperthyroidism
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kline M.D. (M. D. or other)

Address Frederick, Md. Date signed 5/10/39

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JUN 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04967

**1. PLACE OF DEATH:**
(a) County Frederick Md.
(b) City or town Monterose, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in this community (yrs., mos., or days) All yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Myers

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 68 ? Months Days If less than one day hr. min.

9. Birthplace Brunswick Maryland (Town, county, and state)

10. Usual occupation Plumber

11. Industry or business

FATHER 12. Name John Myers
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown Webb
15. Birthplace Unknown

16 (a) Informant Pauline Hildebrand R.N.
(b) Address Emergency Hospital

17 (a) Burmnk (Burial, cremation, or removal) (b) Date thereof May 30 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Brunswick Park
Location Heights Brunswick Md

18 (a) Funeral director C. H. Fuit & Son
(b) Address Brunswick Md

19 (a) 31 May 39 (Date rec'd by registrar) (b) Dr. J. M. Sudy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 27 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1939, to May 27 1939, and that I last saw him alive on May 27 1939.

| Immediate cause of death | Duration |
|---|---|
| Uremia | 10 days |
| Due to Chronic parenchymatous | |
| Due to Nephritis | 1936 ? |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md Date signed 5/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A1

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Battimore (134) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04968

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 60 S. Market St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 60 S. Market
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Samuel Edw. Nash

3 (b) If veteran, name war: World War
3 (c) Social Security No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jany 21 1893

8. AGE: Years 46 | Months 3 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Daysville Ford Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George W. Nash
13. Birthplace Walkersville Md

MOTHER
14. Maiden Name Mary E. Kamode
15. Birthplace Walkersville Md

16 (a) Informant Miss Samantha Nash
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glade Rfd. Cem.
Location Near Walkersville Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 17-May-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 15 1939, at 11.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to May 15 1939, and that I last saw him alive on May 15 1939.

| Immediate cause of death | Duration |
|---|---|
| Cardiac Vascular | years |
| Renal disease | |
| Due to Hypertension | |
| Due to | |
| Other conditions Cerebral Hemorrhage | 1 hr. |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Fahrney M.D. (M. D. or other)
Address Frederick Md Date signed 5-16-39

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MAY 27 1920
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04969

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(23)

**1. PLACE OF DEATH**

County Fredrick Registration Dist. No. 139

Village or City Nr Sabillasville Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Miranda C. Nichols

(a) Residence: No. Sabillasville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Nichols

6. DATE OF BIRTH (month, day, and year) Nov 25 1864

7. AGE: Years 74 | Months 5 | Days 11 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sabillasville Md

FATHER

13. NAME Washington Miller

14. BIRTHPLACE (city or town) (State or country) Sabillasville Md

MOTHER

15. MAIDEN NAME Martha Keadle

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md

17. INFORMANT (Address) John W Nichols Sabillasville Md

18. BURIAL, CREMATION, OR REMOVAL Place Reformed Cemetery Date 5/9, 1939 Sabillasville Md.

19. UNDERTAKER (Address) Walter Y Grove Waynesboro Pa

20. FILED 5/8 1939 C E Shields Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 5-6, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from 2-25, 1939 to 5-6, 1939

I last saw her alive on 5-15, 1939 death is said to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) N. G. Bridges M.D.

(Address) Blue Ridge Summit Pa.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04970

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 173 Patrick St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 84

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Klineharts alley (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Susanna Emma Page

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed or ~~divorced~~: Widowed
6 (b) Name of husband or ~~wife~~: Samuel Page
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 8, 1855

8. **AGE:** Years: 84 | Months: 1 | Days: 12 | If less than one day: ____ hr. ____ min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: House work
11. Industry or business

**FATHER**
12. Name: Unknown
13. Birthplace: Unknown

**MOTHER**
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Bessie Watzel
(b) Address: 117 Water St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Oak Hill
Location: Legore Frederick Co.

18 (a) Funeral director: H. M. Snyder
(b) Address: Mt. Airy Md.

19 (a) 22-May-1939 (Date rec'd by registrar) (b) Ira J. McSunday Registrar

### MEDICAL CERTIFICATION

20. Date of death May 20th 1939, at 6.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1939, to May 20th 1939, and that I last saw him alive on May 20th 1939.

| Immediate cause of death | | Duration |
|---|---|---|
| | Acute Myocardiate | 1 day |
| Due to | | |
| Due to | Cardiac Collapse | 6 month |
| Other conditions | | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H Hedges M. D. or other
Address Frederick Date signed May 21st 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-a)

Reg. Dist. No. 131

04971

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days) 61 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Licksville Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Licksville, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME James Otho Price

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race Col.

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widower

6 (b) Name of husband or wife Unknown

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1877

8. AGE: Years 61 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name George Price

13. Birthplace Maryland

MOTHER

14. Maiden Name Anna Plumber

15. Birthplace Maryland

16 (a) Informant E. Adelsberger Emergency

(b) Address Hospital Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 2, 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Point of Rocks Col.

Location Point of Rocks, Md.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 1-June 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 31 1939, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1939, to May 31 1939, and that I last saw him alive on May 31 1939

Immediate cause of death Acute myocarditis — Duration 7 days

Due to Arteriosclerosis — 2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md. Date signed 6/1/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr BO.

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JUN 5 1939
BUREAU V. S.

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 137

## CERTIFICATE OF DEATH

04972

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Libertytown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Rosella Sappington

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William C. Sappington

6. (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.) Feb - 19 - 1870

8. AGE: Years 69 | Months 3 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Libertytown (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Basil Stitely
13. Birthplace Md

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Md

16 (a) Informant Gilmore Sappington
(b) Address Union Bridge RD #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-39 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cemetery
Location Libertytown

18 (a) Funeral director Powell & Albaugh
(b) Address Libertytown

19 (a) May 10 1939 (Date rec'd by registrar) (b) W. D. Everhart Registrar

### MEDICAL CERTIFICATION

20. Date of death May 10 1939, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1939, to May 10 1939, and that I last saw him alive on May 9 1939.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral softening | 3 weeks |
| Due to: Thrombosis | 3 wks |
| Due to: | |
| Other conditions: Bronchial asthma | 20 yrs |
| Myocarditis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otis T. Stone M.D. (M. D. or other)
Address Libertytown Date signed 5-16-39

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

04973

(92-a)

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 138

Village or City New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** John August Scheel

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Allie Pool Scheel

6. DATE OF BIRTH (month, day, and year) Oct. 28 — 1856

7. AGE: Years 82 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tinner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Philip A. Scheel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Catherine Neumann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Allie Pool Scheel New Market

18. BURIAL, CREMATION, OR REMOVAL Place New Market Date 5-30, 1939

19. UNDERTAKER (Address) W. E. Falconer New Market

20. FILED May 29, 1939 Lucian K. Falconer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 27, 1939, to May 27, 1939. I last saw h[illegible] alive on May 27, 1939; death is said to have occurred on the date stated above, at 3 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Valvular Heart Disease

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Mosher M.D.

(Address) Frederick Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04974

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 138

Village or City nr. Monrovia. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** William D. Sewell

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Black | Married. |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mamie Sewell

6. DATE OF BIRTH (month, day, and year) Feb. 27- 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation Both

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER

13. NAME Henry Sewell

14. BIRTHPLACE (city or town) Maryland.
(State or country)

MOTHER

15. MAIDEN NAME Mary Simpson

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Nicie Sewell (Daughter)
(Address) Monrovia. Md.

18. BURIAL, CREMATION, OR REMOVAL
Pleasant Chapel Grave Yard Date 5/11, 1939

19. UNDERTAKER U. E. Falconer.
(Address) New Market Md.

20. FILED May 10, 1939 Lucian K. Falconer.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May 8 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to May 8, 1939

I last saw him alive on May 8, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteria Sclerosis | 1935 |
| Cerebral Hemorrhage | May 6 1939 |
| Other Contributory Causes of importance: Rheumatic Fever | Abt 25 1939 |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ernest P. Roop M. D.

(Address) New Market, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1931* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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JUN 5 1930
BUREAU V

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04975

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
205 Lindberg Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Lindberg Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ethelindia Shenk

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married

6 (b) Name of husband or ~~wife~~: Edward C. Shenk

6. (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Feb. 18, 1878

8. AGE: Years: 61 Months: 2 Days: 16 If less than one day: ____ hr. ____ min.

9. Birthplace: Columbia, Penna
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Aikens
13. Birthplace: Columbia, Pa.

MOTHER
14. Maiden Name: Elizabeth English,
15. Birthplace: Columbia, Pa.

16 (a) Informant: Mr. Edward C. Shenk,
(b) Address: Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/6/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Mount Olivet
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 5 May 39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 4th., 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to May 4th 1939, and that I last saw him alive on May 3 1939.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerosis | |
| Due to Nephritis | |
| Due to | |
| Other conditions Leg Amputation due to Gangrene (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Lyons M. D. or other
Address Frederick, Md. Date signed May 5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04976

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Frederick Rural,
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Monterey - County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yrs.

(e) Length of stay in this community (yrs., mos., or days) 74yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Frederick - R.F.D. #1
(If outside city or town limits, write RURAL and give town)

(d) Street No. East of Frederick
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Joseph E.B. Smith

| 3 (b) If veteran, name war | 3 (c) Social Security No. |
|---|---|
| None | None |

| 4. Sex | 5. Color or race | 6 (a) Single, ~~married, widowed,~~ or ~~divorced~~ |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 13-1865

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 3 | 1 | _____hr. _____min. |

9. Birthplace Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George W. Smith
13. Birthplace Woodsboro, Md.

MOTHER
14. Maiden Name Mary Jane Burrier
15. Birthplace Walkersville, Md.

16 (a) Informant Mrs. Annie Stultz
(b) Address New London, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-17-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Hope Cemetery
Location Woodsboro, Md.

18 (a) Funeral director C.E. Cline and Son
(b) Address Frederick, Md.

19 (a) 16-May-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death March 15 19 39, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1939, to May 15 19 39, and that I last saw him alive on May 15 1939

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | March 2-39 |
| Due to Arteriosclerosis | 1936 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature C O Thomas
M. D. or other

Address Frederick, Md Date signed 5/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

Dr. B. O. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93)

Reg. Dist. No. 13

# CERTIFICATE OF DEATH

04977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 9 W. 12th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 19yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 W. 12th St., (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Horace Elkana Staley

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widower

6 (b) Name of ~~husband or~~ wife Cordelia C. Feaga

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 9, 1855

8. AGE: Years 84 | Months 3 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Yellow Springs, Maryland (Town, county, and state)

10. Usual occupation Retired Clerk

11. Industry or business Register of Wills

FATHER
12. Name David L. Staley
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah McDevitt
15. Birthplace Maryland

16 (a) Informant S. Fenton Harris
(b) Address 9 W. 12th St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 3-May-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 2nd 19 39 at 11:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8th 39, to May 2nd 39, and that I last saw him alive on May 2nd 39

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | 4 days |
| Due to Myocarditis | 10 Years |
| Due to Arterio Sclerosis | 10 Years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H Hedges M. D. or other

Address Frederick, Md. Date signed 5/3/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 166 West All Saints Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 49yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 166 W. All Saint St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lillian Virginia Stanton

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Livious Stanton

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) February 14, 1890

8. AGE: Years 49 | Months 2 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Laundry Work

11. Industry or business Own Home

FATHER
12. Name Jerry Smith
13. Birthplace Frederick County, Maryland

MOTHER
14. Maiden Name Lula (last name unknown)
15. Birthplace Unknown

16 (a) Informant Livious F. Stanton
(b) Address 166 W. All Saint St., Fredk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Fairview Cemetery
Location Near Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 12-May-1939 (Date rec'd by registrar) (b) Ina J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 11th 1939, at 4:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15th 1939, to May 11 1939, and that I last saw him alive on Apr 15 1939.

| Immediate cause of death | Duration |
|---|---|
| Cardiac Paralysis | |
| Due to | Indefinite |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. M. G. Bourne (M. D. or other)
Address Frederick, Md. Date signed 5-12-39

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JUN 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04979

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH** (95-6)

County Fredrick Registration Dist. No. 134

Village or City Emmitsburg, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Michael Joseph Thompson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| m | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mundorff

6. DATE OF BIRTH (month, day, and year) July 22, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Waterbury Conneticut

FATHER

13. NAME Owen Thompson

14. BIRTHPLACE (city or town) (State or country) Waterbury Conneticut

MOTHER

15. MAIDEN NAME Mary Anna Collins

16. BIRTHPLACE (city or town) (State or country) Waterbury Conneticut

17. INFORMANT Mrs. [illegible] Thompson

(Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph, Cemetery Emmitsburg, Md. Date June 3, 1939

19. UNDERTAKER C. L. Allison

(Address) Emmitsburg, Md.

20. FILED June 3, 1939 M. P. Shuff Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 30 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1926, 19, to May 30, 1939

I last saw h[illegible] alive on May 30, 1939; death is said to have occurred on the date stated above, at 11:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio Vascular disease — several years | |
| Coronary sclerosis — two years ago | |
| Pulmonary Embolism | May 30, 1939 |

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis Clinical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. F. Cable M.D.

(Address) Emmitsburg, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUN 5 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04980

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Frederick – Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 26 E. 6th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Girl Lottery

3 (b) If veteran, name war —

3 (c) Social Security No. —

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1939

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| | | | ____ hr. 40 min. |

9. Birthplace Frederick Co, Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Arthur George Lottery

FATHER 13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden Name Minnie Cramer

MOTHER 15. Birthplace Frederick Co. Md.

16 (a) Informant Charlotte Shriver R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mountain

Location Frederick Co. Md.

18 (a) Funeral director C. C. Trout Supt Mountain

(b) Address Frederick Co. Md.

19 (a) 15-May-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 12 1939, at 11 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 19 39, to May 12 19 39, and that I last saw him alive on May 12 19 39.

| Immediate cause of death | Duration |
|---|---|
| Premature birth (5 months fetus) | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick Md Date signed 5/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04981

#2

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E. 6th (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Sabery.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1939

8. AGE: Years | Months | Days 1 | If less than one day 7 hr. 15 min.

9. Birthplace Frederick Co, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Arthur George Sabery
13. Birthplace Frederick Co, Md.

MOTHER 14. Maiden Name Minnie Cramer
15. Birthplace Frederick Co. Md.

16 (a) Informant E. Adelsberger Emergency
(b) Address Hospital, Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Monterue
Location Frederick Co. Md.

18 (a) Funeral director E. C. Grant Supt. Monterue
(b) Address Frederick Co. Md.

19 (a) 15-May-1939 (Date rec'd by registrar) (b) Geo J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 14 1939 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1939 to May 14 1939 and that I last saw him alive on May 14 1939.

| Immediate cause of death | Duration |
|---|---|
| Premature birth (5 month fetus) | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas (M. D. or other)
Address Frederick Md Date signed 5/15/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1969
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

157-c

Reg. Dist. No. 137

04982

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or town Libertytown
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachael Victoria Tucker

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8th 1939

8. AGE: Years — Months — Days 5 If less than one day hr. min.

9. Birthplace Libertytown
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George C Tucker
13. Birthplace Md

MOTHER
14. Maiden Name Margaret E Butler
15. Birthplace Md

16 (a) Informant George C Tucker
(b) Address Libertytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1939 (month) (day) (year)

(c) Cemetery or crematory John Wesley
Location Libertytown Md

18 (a) Funeral director Powell & Albaugh
(b) Address Libertytown Md

19 (a) May 13 1939 (Date rec'd by registrar) (b) J M Dufinan Registrar

### MEDICAL CERTIFICATION

20. Date of death May 13 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1939, to May 13 1939, and that I last saw him alive on May 8 1939.

Immediate cause of death Congenital Heart Disease

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy no

Duration: Since birth

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature Wm S. Simms
M. D. or other

Address Frederick Date signed 5/13/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

04983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 10 days

(e) Length of stay in this community (yrs., mos., or days): 10 days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State: Maryland (b) County: Alleghany

(c) City or town: Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No.: 304 Decatur Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Edward J. Vogel

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Lula Vogel

6. (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): March ?, 1883

8. **AGE:** Years: 56 Months: 2 Days: ? If less than one day: _____ hr. _____ min.

9. Birthplace: Cumberland, Alleghany Co, Md. (Town, county, and state)

10. Usual occupation: Shoe merchant

11. Industry or business:

**FATHER**

12. Name: Henry Vogel

13. Birthplace: Germany

**MOTHER**

14. Maiden Name: Annie E. Flurshertz

15. Birthplace: Cumberland, Md.

16 (a) Informant: Edward J. Vogel

(b) Address: Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23/39 (month) (day) (year)

(c) Cemetery or crematory: St. Luke's Cemetery

Location: Cumberland, Md.

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 5/22/39 (Date rec'd by registrar) (b) _____ Registrar

**MEDICAL CERTIFICATION**

20. Date of death: May 21 1939, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to May 21 1939, and that I last saw him alive on May 20 1939.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary tuberculosis | 6 mos. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: None | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium Md. Date signed 5/21/39

RECEIVED
JUN 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

04984

**1. PLACE OF DEATH:**
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in this community (yrs., mos., or days) 20 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Middle Alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Joseph Samuel White

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Col

6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~: Widowed

6 (b) Name of husband or wife: Unknown

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 15, 1869

8. **AGE:** Years: 70 | Months: 1 | Days: 23 | If less than one day: _____ hr. _____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Charlotte A. Shriver
(b) Address: Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Monterey Cemetery
Location: Frederick Md R.F.D.

18 (a) Funeral director: M. R. Eichman
(b) Address: Frederick, Md

19 (a) 8-May-39 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1939, to May 8 1939, and that I last saw him alive on May 8 1939.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | 1935 |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick, Md Date signed 5/8/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1933
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04985

(159)

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 145

Village or City near Myersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Baby Wise If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 7 1939

7. AGE — Years: ~ Months: ~ Days: 2 If LESS than 1 day, 4 hrs. or ~ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: ~

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ~

10. Date deceased last worked at this occupation (month and year): ~

11. Total time (years) spent in this occupation: ~

12. BIRTHPLACE (city or town) (State or country): Myersville Fred Co, Md

FATHER

13. NAME: Virgil Wise

14. BIRTHPLACE (city or town) (State or country): Walfsville Fred Co, Md

MOTHER

15. MAIDEN NAME: Marie E Schrayer

16. BIRTHPLACE (city or town) (State or country): near Walfsville Fred Co, Md

17. INFORMANT: Mrs. Eva Schrayer

(Address) Myersville, Md R.D. # 1

18. BURIAL, CREMATION, OR REMOVAL: No. B. Cemetery,

Place Myersville Date May [illegible], 1939

19. UNDERTAKER: Gladhill Bros.

(Address) Middletown Md

20. FILED May 10, 1939 William D. Wachtel

Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** May (Month) 9th (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 19 39, to May 9th, 19 39

I last saw her alive on May 8th 39; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other Contributory Causes of importance: | |
| Pre- natal injuries due | |
| to Oligo-Hydramnios. | |

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If daath was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Was disease or Injury in any way ralated to occupation of deceased? No

If so, specify

(Signed) H. V. Staton M. D.

(Address) Myersville, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Era)

Reg. Dist. No. 139

## CERTIFICATE OF DEATH

04986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH
(a) County Frederick
(b) City or town Foxville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County Frederick
(c) City or town Foxville. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Elizabeth Wolf.

3 (b) If veteran, name war: No

3 (c) Social Security No.:

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Richard H. Wolf

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th. 1851

8. AGE: Years 88 | Months I | Days I0 | If less than one day hr. min.

9. Birthplace Foxville. Frdk. Co. MD (Town, county, and state)

10. Usual occupation House work

11. Industry or business Own Home

FATHER
12. Name Hiram Fox.
13. Birthplace Foxville. MD

MOTHER
14. Maiden Name Elizabeth Hauver
15. Birthplace Foxville. MD

16 (a) Informant George Wolf.
(b) Address Lantz. P.O. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May.30.39 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah. Foxville.
Location Foxville. MD

18 (a) Funeral director M. L. Creager & Son.
(b) Address Thurmont. MD

19 (a) 5/29/39 (Date rec'd by registrar) (b) C. C. Rhodes Registrar

### MEDICAL CERTIFICATION

20. Date of death May. 27th. 1939, at I0;30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939, to May 27 1939, and that I last saw him alive on March 20 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage. | 2 Mos. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James T. Gray M. D. or other
Address Thurmont. Md. Date signed May 29. 39

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

04987

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) 7 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montevue Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Harry Hlavid Wolfe

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced.~~ Single.

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 2, 1886

8. AGE: Years 52 | Months 11 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Warden

11. Industry or business County Home

FATHER
12. Name Daniel Mahlon Wolfe
13. Birthplace Md

MOTHER
14. Maiden Name Annie Rebecca Gaver
15. Birthplace Md

16 (a) Informant Miss Adelaheyser, Emergency
(b) Address Hospital, Frederick, Md

17 (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 5/26/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ German Baptist
Location Old Highland, Myersville

18 (a) Funeral director Gladhill Co.
(b) Address Middletown Md.

19 (a) 25 May 1939 (Date rec'd by registrar) (b) Wm. J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death May 23 1939, at 10:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to May 23 1939, and that I last saw him alive on May 23 1939.

| Immediate cause of death | Duration |
|---|---|
| Uremia | May 20-39 |
| Due to Parenchymatous | |
| Due to Nephritis | 1935 |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md Date signed 5/23/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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